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MALFORMATION OF THE HEART IN A CHILD,

By C. D. Meigs, M. D., Professor of Obstetrics in Jefferson Medical College, Philadelphia.

To the Editor of the Medical Examiner.

Sir,—At 7 P. M. of the 11th inst. I was called to Mrs. —— a young lady, in labour with her first child. Pains had been occasionally felt since 8, A. M., but were now frequent and sharp. The vertex presented in the 1st position; the os uteri was half an inch in diameter and extremely thin; the membranes not ruptured. A little before 10 the waters came off, and the os uteri yielded; the pains were very regular and strong, with perfect intervals betwixt each pain. At 11 o'clock the head was born, and fell as if the neck were relaxed, into my hand, but it soon stiffened; and the child immediately breathed; at the next effort, the shoulders came, and were followed by the body; as the trunk came away the child breathed again with a powerful inspiration. It was laid upon its back on the bed, and seemed to be completely still; upon making affusion of cold spirit on the breast it again breathed strongly; and not again until renewed affusions of cold brandy caused it to respire; in fine after eight or ten respirations it died.

Various attempts to resuscitate the infant proved unavailing. I cut the cord in order to let blood; but not a drop escaped from the vessels; indeed I am not conscious of having felt more than two pulsations in the cord, which was of a dark colour like the cord of a child dead and putrid in utero. I need not say that baths, frictions, inflations of the lungs, &c., were tried.

As the child was of very large size and well formed and developed, and had been born by a perfectly natural and spontaneous parturition, the question as to the cause of its death embarrassed me—seeing that I could assign no certain reason for its loss.

The epigastrium, the hypochondria, and the superior half of the umbilical region appeared to be swollen and hard, apparently from a distended liver occupying the interior, and that was the only unnatural appearance discoverable in the infant.

On the 11th, at 12 o'clock, Dr. Ellerslie Wallace made an autopsy for me, and he discovered that the liver occupied at the least two-thirds of the abdominal cavity, and was of a deep black colour.

The incisions all oozed a dark venous looking blood, and one that was made on the convex surface of the liver bled very much.

The thymus gland might have weighed about 2½ to 3 drams.

The heart was of a natural size except that the right auricle was very large.

The iter ad ventriculum dextrum was large enough freely to admit of the little finger to pass through it; and the tricuspid valve could not close the iter on account of the immense size of the opening. The right anterior segment of the valve was well formed; the rest of it was so short and adhered so closely to the ventricular wall as to be wholly unfit for its office. The foramen Botalli was very large, and the valve behind it seemed insufficient to close it perfectly.

Having made this examination, I came to the following conclusion as to the causes of the child's death; which I submit for your judgement.

The tricuspid valve was nearly useless; hence the blood passing from the auricle into the right ventricle was mostly (not all) thrown back through the iter ad ventriculum and filled the auricle instead of flowing off to the ductus arteriosus and branches of the pulmonary artery. This regurgitation constantly retarded the blood in the cavæ; the blood in the hepatic veins returning from the umbilical vein and placenta was congested in the vessels of the liver so as to give to that viscus its enormous extension. The diaphragm was greatly embarrassed by the presence of the tumour of the liver.

When the child breathed upon its blood it forced very little into the pulmonary artery, nearly the whole mass being backed upon the venous trunks in the liver and elsewhere; particularly in the placenta, which was loaded with blood. The child died with *cyanosis*, from dilated iter ad ventriculum dextrum and imperfect action of its tricuspid valves, which faulty conformation led to the engorgement and tumefaction of the liver.

If you think proper to record this case and the explanation of it I have given, I presume it might be considered valuable, not only as accounting for a pathological state of the liver, and the sudden death of a child apparently well developed; but it might also be regarded as important in a medico-legal point of view, since the causes of death in still born children and neonati are the frequent subjects of medico-legal inquiry.

C. D. Meigs.

CLINICAL LECTURES AND REPORTS.

LECTURES

Delivered in the Theatre of St. George's Hospital, in the session 1843–44,

BY SIR BENJAMIN COLLINS BRODIE,

Consulting-Surgeon of the Hospital.

Scirrhus of the breast. Circumstances under which an operation ought or ought not to be performed. Results of the operation. Danger of the operation. Effusion in the pleuræ generally the cause of death. Identity of the different forms of cancer.

Gentlemen—If a scirrhous tumour of the female breast be left to take its course, it gradually increases in extent; it contaminates the neighbouring textures; it finally ulcerates, and, in the great majority of cases, the patient's life is terminated in three or four years from the commencement of the disease. Not only is life terminated thus early, but death is preceded by a very painful state of the ulcer. The ulcer is disposed to bleed and to slough, and the patient's life is rendered miserable. There is not a much worse way of leaving the world than that of being destroyed by an ulcerated scirrhus of the

Looking at these facts alone, you would say there is no doubt that the proper thing to be done is to remove the disease by an operation. But there is another order of facts which must be taken into account. In the large proportion of cases in which the operation is performed, the patient is still not alive two or three years afterwards; and, in a great number of cases, instead of the operation stopping the disease, it actually seems to hasten its progress. But, besides this, the operation in itself is not in every case free from danger.

Now these different orders of facts have led different surgeons, accordingly as they have looked at one or the other, to arrive at opposite conclusions as to the propriety of an operation. I have known some very excellent surgeons, among whom were the late Mr. Cline and Sir Everard Home, both men of great experience, who would scarcely ever consent to the operation for the removal of a scirrhous tumour of the breast, under any circumstances whatever. But then, I have known other surgeons, also very experienced men, who were in favour of the operation, perhaps in the majority of cases. And not only has there been this variety of opinion between different individuals, but I have found the opinion of the same individual to differ at different periods of his life. A very distinguished surgeon once said to me that he thought he would never perform this operation again, and yet that very surgeon, three or four years afterwards, strongly recommended the operation in a case in which I thought it would fail. This discordance of opinion only shows the difficulty with which the subject is beset, and if this difficulty has stood in the way of men of great experience in their profession, it may well stand in your way, who are only beginning your career. It appears to me, therefore, that it may be of advantage to you if I present some observations on the subject, and endeavour, as far as I can, to clear away the difficulty respecting the expediency and inexpediency of the operation.

This, then, constitutes the subject of the present lecture:—Under what circumstances is the operation for the removal of a scirrhous tumour of the breast proper, and under what circumstances is it improper.

It should, however, be observed, in the first instance, that while much depends upon the nature of the case, yet something depends upon yourself as to the mode of performing the operation. If there be a scirrhous tumour imbedded in the gland of the breast, and you remove the tumour, together with the part of the breast in which it is situated, leaving the remainder of the breast, according to my experience, the disease is certain to return; and this corresponds to a rule which I think applies to all cases of malignant disease—that is, that you have no security against the return of the disease unless you remove the whole of the organ in which it is seated. For instance, if there be fungus hæmatodes of the bone of the leg, the patient may have some chance if you amputate the thigh above the knee, but none if you cut through the tibia below the knee. If there be malignant disease of the femur, you have very little chance at all, unless you think it expedient to take out the thigh-bone at the hip-joint. I say, therefore, in cases of scirrhous tumour of the breast, if you perform the operation at all, where the tumour is imbedded in the breast, you must remove the whole of the organ. You may imagine that this is a thing very easy to be done, but you will not find it so in reality, for in amputating the breast, in a thin person, you will be very apt, if you are not extremely careful, to leave a small slice of the gland of the breast adhering to the skin, and I have no doubt that this small portion may, in some cases, form the nidus of future disease. The colour of the gland of the breast varies little from that of the surrounding adeps, the hæmorrhage causes confusion, and you must be careful in the dissection to keep the knife near the skin, not near the breast. But, in addition to this, in every case, when you have taken out the tumour, you should examine the surface, and see whether every part you have removed, is covered by healthy adeps. If it be not, look on the middle of the flap of the skin, and see whether any small portion of the breast has been allowed to remain there.

So far, then, the success of the operation may depend mainly on what you do; but now let us see what are the circumstances that are independent of any thing that you do, and which may induce you to think that there is no chance of the operation leading to an ultimate cure; and what are the circumstances that should lead you to hope that a permanent cure may be effected.

Scirrhous tumours of the breast may be divided into two classes; one, where there is a conversion of the gland of the breast itself into scirrhous structure, there being no well-defined margin; the other, where the scirrhous tumour is imbedded in healthy structure, as if it were altogether of a new growth, there being a distinct boundary to it.

In the first order of cases, not only does an operation never succeed in making a permanent cure, but it rather hastens the progress of the disease, and the patient generally dies in two or three years, if not before, of effusion of fluid into the cavity of the chest.

Where the skin is contaminated there is no chance of the operation making an ultimate and permanent cure; and it may be contaminated in various ways. Scirrhous tubercles form in the skin, here and there, at some distance round the tumour, while the intermediate portions of skin appear to be healthy, and then an operation will never lead to a cure; for you cannot remove all the contaminated skin. Where the skin is contaminated in this way, the progress of the disease is generally very rapid, and the patient dies in a short time from effusion within the chest. Sometimes the contamination of the skin developed itself in another manner. The skin becomes thickened and brawny, the pores are enlarged, as if you looked at them through a magnifying-glass, and you cannot pinch it up as you can healthy skin. This is also a very bad form of the disease. I have, however, performed an operation under these circumstances in two or three cases; the disease has always returned in the cicatrix directly, and the operation has appeared to hasten rather than to retard the fatal result. It does not matter to how small an extent the skin appears to be contaminated; if any portion of it is thus affected, the seeds of the disease are in the neighbourhood, and although your knife may divide the skin apparently healthy, yet it is not so in reality.

One effect of a scirrhous tumour of the breast, in a great number of cases, is to cause contraction of the lactiferous tubes which pass from different parts of the breast to the nipple, and this contraction gives rise to a drawing in or retraction of the nipple. I believe that this retraction of the nipple is to be regarded as very unfavorable to the ultimate success of an operation; for I suspect that the disease in these cases has always extended into the skin of the neighbourhood, and if you examine the skin in the neighbourhood of the nipple very carefully, you will generally find manifest indications of the disease in it.

In many cases of scirrhous of the breast, the skin is drawn over the tumour, and on looking at the pa-

tient, there is a sort of dimple over the tumour. Where this dimple is seen you may be almost sure that there is a scirrhous tumour beneath it, and when you examine it, you may feel it with the finger. The presence of this dimple is a very great objection to the operation, and there is little or no chance of a permanent cure. What is this indentation of the skin? I have dissected the parts, and I will tell you how it is produced. There is a small elongation of the disease which passes up from the scirrhous tumour, through the adeps, into the skin. There is a filament, as it were, of the disease, varying from a quarter to a half an inch in length, extending from the scirrhous tumour to the skin above it, and the presence of the dimple indicates that the disease is not confined to the breast, but that the skin is already contaminated.

As the disease advances, it contaminates the glands in the axilla. If the breast be inflamed, the glands in the axilla may be enlarged, just as glands may be enlarged from a boil or any other inflammation in the neighbourhood; but when there are large indurated glands in the breast, you may be sure that there is the same disease in the axilla—that the glands in the axilla are contaminated, and that there is no ultimate cure to be expected from an operation. You may say, remove the diseased glands from the axilla; I have done this myself, and I have seen it done by others, but I will tell you what always takes place. Perhaps there appears to be only one enlarged gland in the axilla, you attempt to remove it, but when you have got into the axilla you find that there are other glands contaminated in the same manner, though of too small a size to be perceived before.

I need hardly state that if the scirrhous tumour adheres to the parts below, to the pectoral muscle, or to the ribs, and the skin is ulcerated, there is no chance of a permanent cure from the operation.

You will sometimes find patients who, while they have a scirrhous tumour in the breast, have indications of some other form of malignant disease in other organs. One patient may have signs of malignant disease of the liver, another of the lungs, and another of the uterus. Of course, if there be any suspicion of the same mischief going on in internal organs, you will know that no permanent cure is to be expected by the removal of the diseased breast.

You must also take into account the state of the patient's health, her age, and her condition in other respects. If, for instance, an old woman labours under scirrhous of the breast, which is in a state of quiescence, you would never think of amputating the breast, because she may die first—the disease may out-last her.

Now, having taken away these cases, you will find, in practice, that there are very few left in which you will think it right to propose an oporation.

What are the cases, then, in which an operation for the removal of the breast is proper? Where the skin is perfectly sound; where the nipple is not retracted; where there is no diseased gland in the axilla; where there is no sign of internal mischief; where there is no adhesion of the breast to the parts below; and where the patient is not very much advanced in life, I should say that there is a reasonable chance of an operation making a cure. I do not intend to say, that in all the excepted cases, there will be a permanent cure—far from it; but there will be in some instances, and the chance of it may be sufficient to warrant yon in recommending the patient to submit to the operation. I have the satisfaction of knowing that several persons on whom I have operated under these circumstances, are now alive and well, but would certainly have been dead long since, had not I had recourse to it. As long since as 1832, I removed a breast affected with scirrhous tumour, and the lady was alive and well last year. Since the operation she has married and borne children. Last year I was called to see a lady on whom I performed the operation as long ago as 1830, and there she was, still alive and well.

But besides such cases as I have last described, there are others in which the operation for a scirrhous tumour connected with the breast may be proper. There is sometimes formed on the surface of the breast a hard tumour, which feels like scirrhus; on cutting into it, it looks like scirrhus, and I can give it no other name. It appears to be unconnected with the breast, but when you come to remove it you find that it is attached to the surface of the breast, just at one narrow corner. I have removed three tumours of this kind, leaving the breast uncut, except where I separted the tumours from it, and in each of these three cases the patient was alive and well some time afterwards. I do not know that in any one of these cases there was really a return of the disease.

Scirrhous tumours sometimes take place in the nipple, and I believe they are to be distinguished from similar tumours in the breast itself, and that there is a much greater chance of a permanent cure where they originate in the nipple than where they have their origin in the breast. A lady with a scirrhous tumour of the nipple, consulted several surgeons regarding it, and as the disease was quiet they all recommended that it should be let alone. After some time she came to London, and placed herself under the care of the late Mr. Rose, of this hospital. I saw her with him. The scirrhous tumour had been going on for some years, confined to the nipple, without coming to any harm, but it was now extending. We agreed that the operation should be performed, and Mr. Rose removed the breast. The breast appeared sound and the nipple alone diseased. The patient recovered, and was alive and well many years afterwards. A lady consulted me concerning what I must call a scirrhous tumour of the nipple, for it was hard, and presented the usual characteristics of scirrhous. It had ulcerated, but the breast seemed sound. She was a large, elderly woman, with a very large breast and a great deal of adeps. The removal of the breast would have been a frightful operation, and it is more than probable that her constitution would not have borne it. She was suffering great pain from the disease, and I applied chloride of zinc, and afterwards the caustic potassa, till I destroyed what appeared the whole of the disease of the nipple. This occurred three or four years ago, the wound healed, and the patient is alive and well at this moment.

The two last orders of cases are sufficiently distinguished from scirrhous tumours imbedded in the breast itself.

But here another question arises. Is there no reason for performing the operation for the removal of a scirrhous tumour of the breast than that of making a permanent cure? May it not be advisable to perform it sometimes in order to give the patient a respite, and to relieve her from present suffering? Undoubtedly it is, and I will mention some cases illustrative of this observation. A lady, about forty years of age, had a scirrhous tumour of the breast, and there was a cluster of diseased glands in the axilla; she came to me and the skin over the tumor appeared to be on the point of ulceration, so that the

disease was proceeding to great mischief. I informed her that I was afraid the operation would not make a permanent cure, and that I could not recommend it. She inquired whether I had anything better to offer her, and I could not say that I had. She went away, but in two or three weeks came again, and said that she had consulted two or three other Surgeons, whom she named, and found that they were all of the same opinion, but that she had come to beg a favor, which was, that in spite of that, and to satisfy her, I would remove the breast. I asked what were her reasons, and she said that she was in these circumstances: that she had a daughter, an only child, eighteen years of age; and she knew she could not live long, but that it was a great object to her daughter that she should live to be her friend and adviser two years longer. It was for that reason and that only, that she wished to take the chance of the operation. There was no withstanding such an appeal as this, and I removed the breast, but never thought of touching the glands in the axilla. There was no distinct return of the disease in the cicatrix, and the glands in the axilla did not much enlarge; but at the end of two years she was seized with symptoms of disease of the chest, effusion of fluid into the pleuræ, and she died. I may avail myself of this opportunity of mentioning that this is the most common way in which scirrhous tumours terminate life. Miliary tubercles, about the size of millet-seeds, form in the lungs, and then there is effusion of fluid into the pleuræ. A lady came to me with scirrhous tumour of the breast. Both the tumour and the breast were small, and I should have recommended the operation, but there were two or three hard glands in the axilla. I said to her, "You are not sufferiug much, I cannot recommend the operation; let the disease alone." A year afterwards she came to London again, and the tumour had now ulcerated, and the glands much increased. The ulcer in the tumour produced excessive suffering, and she was miserable. I did not remove it with a knife, but I used chloride of zinc and destroyed it. The sore healed, and some seven or eight months afterwards there was a tubercle formed in the cicatrix, which again ulcerated, and I destroyed that in the same way. She was thus enabled to go on with great comfort. After enduring the torture of scirrhous of the breast, she went on suffering nothing except at the time the chloride of zinc was applied, for a year and a half, but at the end of that time disease was established in the lungs, effusion took place into the pleuræ, and she died. A lady had a large malignant tumour in the breast; it was not exactly scirrhous, but approaching to it in its character. I did not think that an operation would lead to a permanent cure. By-and-by she came to me again, and now the tumour was ulcerated, and was very much enlarged. The skin had ulcerated, the ulcer was horribly painful, and her life was truly miserable. I said to her, "I am afraid you will not get an ultimate and permanent cure, but, suffering as you do, it is worth while to have your breast removed in order to relieve your present sufferings." It was a large tumour, which was one objection which I had to the operation. The operation was performed, and there was a good deal of bleeding. However, she recovered, and continued well upwards of three years. She had then some abdominal disease, and a tumour could be felt in the belly, which I concluded was of the same character as that in the breast. When I last heard of her she was supposed to be dying, and I presume that she is now dead; but she was relieved from great suffering, and lived three years longer than she would have done had not the operation been performed. I may mention another case. A lady came to town with a large tumour in one breast. There was a fungus protruding, and in the centre of the fungus an opening, through which a probe could pass to the bottom of the tumour, and there was an enlarged gland in the axilla. Sir Astley Cooper saw her with me, and she was suffering a great deal from the ulcerated tumour. We agreed that she should have the breast removed, not that we expected a permanent cure, but to relieve her present sufferings. The breast was removed, the wound healed, and she had no return of the disease there, but a year afterwards her physician in the country wrote to say, that she had symptoms of some malignant disease going on in the chest, and she died of effusion into the pleuræ. There was another lady, with a small scirrhous tumour of the breast, which was very painful. She consulted me respecting it. I said that the operation would not make a permanent cure, but as she was suffering miserably she might as well have it removed. I removed it, and she was in comfort for many months.

There may, then, be cases in which your are justified in performing an operation for the removal of a scirrhous tumour of the breast, not with the expectation of effecting a permanent cure, but to obtain respite and relief to present sufferings. But here you must use some discrimination, for if the skin be thoroughly diseased I do not believe that in one case you will do any good; the disease will return in the cicatrix so soon that the patient will derive no advantage whatever from the operation.

There is another circumstance to be taken into consideration when you are called upon to give an opinion as to the expediency or inexpediency of an operation. Is there any danger in the operation itself? It is commonly said that this is not a dangerous operation, but I can appeal to the experience of all surgeons who have had much to do with the operation, whether they have not had persons die from it—whether it is always free from danger. I know it is not. I have lost patients after the operation, and every surgeon, I know, has had the same misfortune. Here, I think, that something depends on the mode in which you perform the operation, and manage the patient both before and afterwards; and a great deal, also, depends upon circumstances not under your control.

The circumstances that are under your control are these. First, you should take care that there is as little hæmorrhage as possible at the time of the operation. Never give credit to those who stand up at an operation, and say that the patient has lost no more blood than will do him good. Hæmorrhage during an operation is a great evil, and is one of the chief causes of failure, not that the patient dies directly of hæmorrhage, but indirectly. It lays the foundation for erysipelatous and venous inflammation and other mischief some time afterwards. In addition to this, take care not to keep the patient very low before the operation. What we used to call preparing a patient for an operation, by low diet on all occasions, was very injurious. The patient need not be stuffed and crammed before an operation; he should have his bowels emptied, but as to repeated purging and low diet, that is wrong both before and after any operation. An operation is a shock to the system, making a great demand upon the vital powers, and if you withhold the sustenance and stimulus to which the patient is accustomed, the constitution probably will not be able to bear the shock.

So far the success of the operation is to a certain

extent under your control, but then there are circumstances not under your control that are unfavourable. For example, in a large fat woman, with an enormous breast, the operation is frightful; there is a large extent of surface, and there must be great hæmorrhage notwithstanding all your care. An old person will not sustain the operation like one less advanced in life. The operation is always attended with a certain degree of danger in a patient who, in other respects, is of delicate constitution. Those women whom you meet with in private practice, who have a small pulse, cold hands and feet, and are liable to attacks of hysteria, are always unfavorable for an operation, and especially one that is attended with a moderate loss of blood. In such women as these you must avoid an operation. But where the breast is small, where the patient is otherwise healthy, and not much advanced in life, and where you are careful not to starve the patient, either before or after the operation, and that there shall be as little blood lost as possible, there the danger of the operation is comparatively trifling.

I have thus spoken of the operation for the removal of scirhous tumour of the breast, but this organ is liable to other malignant diseases. The observations that I have made apply to the one case as well as the other, but I think that where malignant disease of the breast has the form of fungus hæmatodes the chance of ultimate success is even less than where it has assumed the form of scirrhus. Fungus hæmatodes is a worse form of malignant disease than scirrhus, and in the few cases which I have seen of it in the breast, where the tumour has been removed by operation, the patient has always died within a short time afterwards from some disease of the lungs and effusion into the pleuræ. But, after all, I believe that malignant disease is essentially of the same character, whether it assumes the form of scirrhus, or fungus hæmatodes, or pancreatic sarcoma. Whatever the name given to them by pathologists may be, I believe that malignant diseases are all nearly related one to another, and that the remarks I have made respecting one are applicable to the rest.

I will illustrate this last observation, which I think it is of importance in practice you should not forget, by mentioning some cases. A woman had a scirrhous tumour of the breast, attended with that brawny condition of the skin which I described as indicating a very bad form of the disease. There was a conversion of the glands into scirrhous structure, not a distinct tumour of the breast. She had also signs of disease of the liver and a discharge from the uterus. The woman died, and on examining the breast there was a well-marked scirrhous tumour; in the liver there was an equally well-marked tumour of fungus hæmatodes or medullary disease; and in the uterus that peculiar excrescence to which the late Dr. John Clarke gave the name of cauliflower excrescence of the uterus, and which he describes as a malignant disease. These three diseases, all of which are malignant, and to which different names have been given by pathologists, were associated in the same individual, and the preparations are now in the museum. But I have seen the same disease occur in succession, and I will mention a case in point. When I was a young man I went with Sir E. Home to perform a private operation. A lady from the country had a hard tumour, apparently in the abdominal muscles, which he removed, and when we came home and examined it we found that a portion of peritoneum adhered to it, and that it was a well-marked case of scirrhous tumour. The wound healed very well, but some time afterwards another tumour formed in the cicatrix, and began to enlarge. She came to London again, and put herself under Sir Everard Home. The tumour was now larger than the first he removed. He operated a second time, but this tumour had none of the characteristic structure of scirrhous. I can only describe it by saying it was like the fibrine of the blood, without colour; laminated something like the buffy surface of a coagulum of blood drawn during inflammation, and very slightly organised. The wound healed, but after a time another tumour formed in the cicatrix, and she again came to London. It was not thought worth while to remove this, it increased in size, occupied a great part of the belly, and she died. It devolved on me to examine the body, and the tumour now was entirely different in appearance from either of those which had been removed. It was a regular brain-like mass, a medullary tumour, or a tumour of fungus hæmatodes. In the one case three different kinds of tumour existed in the same individual at the same time; in the other three different kinds of tumour show themselves in succession. So you will sometimes remove a tumour from the breast in various parts of which you have a different structure.

There is a circumstance that ought to have been mentioned in an earlier part of the lecture, but which I accidentally omitted, and which is always to be taken into account whenever you have any doubt as to the expediency of performing an operation. It is very true that a scirrhous malignant tumour of the breast will, if left to itself, generally terminate the patient's life in three or four years, but very often it lasts much longer. I remember a lady of fashion who had a scirrhous tumour of the breast; she mingled in society, and nobody knew anything about it for several years; I believe ten or fifteen. I remember another lady who had a scirrhous tumour of the breast for twenty-five years, and she died at last, not from disease of the breast, but from effusion into the cavity of the chest. If you are in doubt about the expediency of an operation, and the disease be in an indolent state, the recollection of such cases as I have just mentioned should be sufficient to incline you to reject the operation. The chance of a patient living long with such a disease is not sufficient to make you throw away the chance of an operation where it is likely to be attended with advantage; but it is sufficient to make you decline an operation when other circumstances would lead you to doubt its propriety.—*London Lancet.*

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on Organic Diseases of the Uterus: Being the Prize Essay *to which the Medical Society of London awarded the Forthergillian Gold Medal for* 1843. By John C. W. Lever, M. D., Member of the Royal College of Physicians, London, &c., &c. Octavo, pp. 240. London, 1843.

This is a useful book, containing much practical matter in reference to an important class of diseases. The author has enjoyed unusual advantages for studying the subjects on which he has written, having, as one of the physicians of Guy's Hospital, the charge of from one to two hundred patients, weekly, labouring under functional and organic diseases of the womb. The fruits of this large experience are presented to us in the volume before us, methodically arranged and clearly expressed.

Diseases of the uterus are arranged by the author into

"two grand divisions." The one termed "Functional," including those diseases dependent on deviation from the normal action of any part of the organization, is indicated by certain symptoms during life, but which after death are not found to be associated with any appreciable structural change. The second division, viz., Structural or Organic Diseases, includes all diseases in which there is any alteration or lesion of the organ."

In the introductory part of his work, Dr. Lever advances several points for consideration and inquiry, of very great importance.

"Firstly: What is the relative proportion of functional to organic or structural changes?" In answer to this it is stated that of 1388 patients, 905 laboured under functional, and 483 under organic diseases.

Secondly: "Are married or unmarried women more liable to structural changes?"

"Of 95 females affected with polypus, carcinoma, fungoid disease, and hard tumour, 89 were married and 6 were single, the married amounting to 93.68 per cent., to 6.3 per cent.: thus it would appear that marriage tends to favour the development of structural change."

Thirdly: "Does the diathesis accompanying organic disease impair the faculty of conception?"

"Of the 89 married, previously referred to, 8 have never conceived. Thus the proportion of sterile women was 0.9 per cent., a very small proportion; for it is found that 1-20th or 5 per cent. of married woman are wholly unprolific. The child bearing women amount to 91.09 per cent."

After pointing out all the various methods of examination to be pursued in the investigation of uterine disorders, and "the general symptoms of organic disease," the remainder and principal part of the work, is divided into three *parts*, which treat,

1st. Of inflammation of the uterus (acute and chronic.)

2d. Specific diseases, including polypus, hard tumours and strumous tubercles, and those from impure sexual congress.

3d. Malignant diseases; as cauliflower excrescence, corroding ulcer, melanosis, and cancer or carcinoma of the uterus.

Acute inflammation of the uterus in the unimpregnated state, the author has found to occur from suppressed menstruation, or, from the use of astringent injections to cure leucorrhœa, but never, under his notice, from local contusion, which Waller and Lee regard as the most common cause. We have seen cases occurring from all these causes, and two instances in which it followed the use of ergot, administered for the relief of menorrhagia.

The author mentions two interesting cases in which hysteritis followed an opening made through the imperforate hymen, for the discharge of retained menstrual fluid. In the first case, the operator, after evacuating "a considerable quantity of treacly fluid," injected warm water, in order to wash out all the collected secretion. Inflammation of the uterus followed in twelve hours, and the woman died. In the other case, "a small opening was made through the obstructing membrane, in order that the fluid might be gradually evacuated, and thus the chances of subsequent inflammation lessened; but, notwithstanding this precaution, urgent inflammatory symptoms, demanding prompt and active treatment, made their appearance."

The most important is the *third part*, or that which treats of malignant diseases, and especially of the varieties of cancer, of which he enumerates *three*, viz: "Encephaloid, Scirrhous, and Colloid." He regards cancer as constitutional from the beginning, and, consequently, even when the part is excised, the disease is liable to return and destroy the patient. Carcinomatous degenerations destroy the tissues of the part, whether bone, muscle, tendon or nerves. It seems not merely to change the natural structure of the part, but the peculiar structures of carcinoma are developed within and around them. Its development is usually accompanied with the firm adhesion of the parts to those surrounding it, so that it becomes more fixed and immoveable than other growths.

Anatomical description of three varieties. The *encephaloid* is characterised by dense septa, crossing the mass, and dividing it into lobes or lobules—the *scirrhous* variety has dense fibrous bands, deposited in lines either crossing each other, or radiating from a central cartilaginous nucleus, and enclosing a bluish, grey, or whitish matter—in the *colloid* variety the whole surface is divided into a great number of "distinct alveoli," regularly arranged, and of an oblong or oval shape; "the septa forming the walls of these being of a fibrous structure."

No case occurred to Dr. Lever of cancer being communicated by infection, although he met with instances of its hereditary transmission through several generations.

On most of the points of pathology, as well as descriptions of the diseases embraced in this work, we discover a very general concurrence between Dr. Lever and other late writers on the same subject, particularly Lee, Ashwell and Churchill; nor do we find any notable difference in the treatment recommended.

Anatomical Atlas, illustrative of the Structure of the Human Body. By Henry H. Smith, M. D. Part IV.

Already is this valuable work nearly completed. Part fourth, now issued, contains illustrations of the organs of Respiration and Circulation, making in all *ninety-eight figures.*

Part V., which will shortly appear, will complete the work. A few errors, we regret to observe, continue to occur. For example, while the figures are reduced copies of larger drawings, in several instances, the heading which precedes the reference has not been correspondingly altered. One or more of these examples we have observed in preceding publications, which perhaps led the author astray. Thus, Fig. 432, "*A view of the termination of the Arteries in the Veins as shown in the Web of a Frog's foot—magnified three diameters;*" and the next, or Fig. 433, which represents the capillary circulation of the same structure—"*magnified* 110 *diameters.*" These are undoubtedly errors. But there are some of the same character which strike the eye of a common observer more readily, and are, therefore, less liable to mislead, as in Fig. 449—"A view of the arteries of the neck and shoulder—*the size of life,*' although the whole figure is only about two inches by three and a half. Again, Fig. 465, "A view of the abdominal aorta and its branches—*the size of life.*"

We are perfectly aware of the difficulty, when passing rapidly through the press, of avoiding what may be regarded as minor errors, particularly in a first edition, and

therefore merely wish to call the author's attention to the subject, that the proper corrections may be made in a future edition, which will, we have no doubt, be speedily called for.

The present, in all respects is equal to the numbers which have preceded it, and in mechanical execution it appears to us to be better than the last, or part third.

Dissertation on the respect due to the Medical Profession, and the reason that it is not awarded by the community. By WORTHINGTON HOOKER, M. D. Read at the Annual Meeting of the Connecticut Medical Society, May 8th, 1844.

In this dissertation the author points out the causes which tend to degrade the profession; first, as it regards the conduct of those not of the profession; and especially members of the other learned professions: secondly, the causes which originate in the misconduct of its own members: lastly, he points out what he believes to be the proper remedies. These consist essentially in a rigid observance of the laws of ethics. The dissertation is a sensible and well written production, every way creditable to the author.

Cyclopædia of Practical Medicine.

Already we have part *XII*, which completes the first half of the work, and consequently concludes the second volume. The last article in this *part* is on inflammation, and is written by Drs. Crawford and Tweedie.

THE MEDICAL EXAMINER.

PHILADELPHIA, SEPT. 21, 1844.

NEW YORK JOURNAL OF MEDICINE.

What may be the particular connexion existing between the editor of that journal and Chailly's Midwifery, we know not, but it seems always present to his eyes, like Hamlet's ghost, beckoning him on to some terrible revenge. In his last number (September, 1844) he continues to assert that Chailly's Midwifery has "encountered opposition," as he is pleased to say of our strictures, *only* in the Examiner—with how much truth, the following extracts will show:

"While, however, we accord what we believe to be its due meed of praise to the treatise of Mr. Chailly, we cannot subscribe to the extravagant eulogium bestowed upon it in the preface of the American editor. It certainly cannot, with any degree of propriety, be said to "combine *all that is new and valuable in obstetric science.*" * * * * * * * "It is neither a complete treatise of Midwifery, nor does it embrace a full and faithful exposition of the views of every authoritative writer on all points connected with the principles and practice of the obstetric art; and moreover, were we to enter into a more particular examination of each portion of the work, we should feel it our duty to call in question the accuracy of some of the views and practical directions of the author.

Upon the whole, even for the use of the young student, we should prefer the work of Rigby, and for those more advanced, we have many, in all respects, superior; while, as a work of reference for the practitioner, the treatise of Churchill will be found much more full and satisfactory.

The two hundred and sixteen wood cuts introduced as illustrations of the text, and which, the author assures us, he designed himself, are among the most clumsy with which we are acquainted. They certainly do very little credit to the author's skill as a draftsman; and, while they are far from being ornamental, they are, in one or two instances, of very questionable accuracy."—*Amer. Jour. of the Medical Sciences, July*, 1844, *page* 189.

"Much has been done of late years to elevate the art of Midwifery to the station it deserves. In Germany, Naegele, in Great Britain, Rigby, Ramsbotham, Churchill and others, and in our own country Dewees, Meigs, Hodge, &c., have contributed valuable quota. The student cannot complain of a dearth of matter on this subject. Valuable books on Obstetrics are abundant, and now another work appears. But we cannot say that its addition to the stock brings any improvement. The details are meagre. No reference is made to the English or American authorities. The German writers are not quoted, save an occasional reference to Professor Naegele. The French works are alone appealed to, and every one knows that France has been, of late, singularly deficient in obstetrical improvement. The defect has not been supplied by Dr. Bedford in his notes, which are not very valuable. On the whole, the work is not by any means to be compared to the treatises of various authors already before the public."—*St. Louis Med. and Sur. Jour. July* 1, 1844.

Beside these notices of the work, some of its editorial matter has been severely animadverted on by a correspondent of the Boston Medical and Surgical Journal, in some of its late numbers.

All of these criticisms, be it known, had appeared in the Medical journals of the country weeks or months before the New York editor's last publication. Comment is unnecessary.

As to the unworthy suggestion of the editor of the N. Y. Journal, that we are *prompted* to "special opposition" to him, it is altogether idle. We have no such promptings nor any such feeling. Let him cease to abuse and misrepresent us, and whenever he shall find occasion to remark on anything we may write, do it with proper temper, and in language befitting a Medical Journal, and he will experience no "special opposition" on our part.

ARTIFICIAL ABORTION.

We extract the following strange statement and remarks of the editor, from the Boston Medical and Surgical Journal of the 11th inst.

"*Artificial Abortions.*—A singular doctrine, we are informed, has been taught here within a few weeks, which strangely conflicts with the public sentiment, and the supposed experience of medical men. A worthless, itinerating quack having been accused of producing an abortion, as already mentioned in the Journal, being apprehensive of an arrrest, fled from the city. Preparations for having the offender indicted were making, when, in order to render doubly sure what was already thought a sure case, the opinion of some magnates in the profession was sought, by a legal gentleman, as to the means resorted to, usually, to bring about premature expulsion of the fœtus. To the surprise of the inquirer, it is asserted that they unhesitatingly decided that abortion could not be affected by medicine!

Here the thing will rest for the present. But notwithstanding this learned opinion, so very contrary to the general belief of physicians, many fully believe that there are half a dozen unprincipled scoundrels, at least, in Boston, whose fees for accomplishing just what is declared to be impossible, are surprisingly large. These fellows are laughing in their sleeves at such a decision, which their daily iniquity contradicts, and which will hereafter be more openly conducted, since some doctors say the thing is impossible!

Abortions are probably quite as frequently brought about by drugs as instruments; but the perpetrators of these fœtal murders have always managed adroitly to escape punishment. Hereafter, they will be under no restraining fear, since by high and unquestioned authority it is established *that they cannot do what they are constantly doing* in violation of the laws of the land and the higher laws of God.

The Journal is open for the record of facts and for the discussion of this extraordinary doctrine, which is likely to have a pretty close investigation."

Every one must regret that the names of the "*magnates*" who gave such an opinion are not mentioned, as it is difficult to understand how any intelligent and experienced practitioner could seriously assert such a doctrine. That all attempts by evil disposed persons to effect abortion by the administration of drugs, frequently fail, we know by experience, and that such a result can not be accomplished without considerable risk to the life of the woman, is unquestionable; but that any one eminent in the profession should assert it to be *impossible*, seems to us incredible. Abortion, we conceive, is *never natural*"—it is the consequence of some morbid condition of the uterus, or some great disturbing agency; and do not various medicines, in large doses, cause a sufficient disturbance to interfere seriously with the various functions of the body? Certainly they do; and accordingly it is not a very unusual circumstance for abortion to follow the use of cathartics, ergot, &c., administered for a different purpose, as we presume most physicians of experience must have witnessed.

The editor of the *New York Journal of Medicine* speaks of the *Medical Examiner* as a "pop gun," and *his* journal as a "big gun—a Paixhan—a 'peace maker'"! Well, possibly there may be some analogy—let us see. The "big gun—the Paixhan—the peacemaker," (we like to be particular) made a great noise! but, like Uncle Toby's armies, that "swore terribly in Flanders," it killed no enemy! Let out cotemporary ponder on this. It is a dangerous thing to become too "big"—a *burst* is very apt to follow.

RECORD OF MEDICAL SCIENCE.

MEDICAL INSTITUTIONS IN GERMANY.

The most important feature of the medical institutions of the German states are:—First. The existence of various grades of practitioners. Second. The University honorary degrees. Third. The *staatsexamen*, or examination for the license to practice. Fourth. The existence of a medical hierarchy, composed of public medical functionaries, paid by government.

In no part of Europe is the medical profession more divided and subdivided than in Germany. Not only are there practitioners of a superior and inferior rank, but those who belong to the latter are subdivided into two, three, even four grades. It is a remarkable fact, that in Germany, as elsewhere, it is practitioners of surgery who occupy the lower ranks of the profession. Thus we have surgeons of the first, second, and third class, and assistants to the surgeons. They who practise medicine, on the contrary, are placed in the higher rank, and are always, or nearly always, doctors and graduates of of an university. This fact, which at first appears singular, is, however, easily accounted for, if we refer to the history of the healing art. The distinction between surgery and medicine certainly did not exist until the middle ages. In the days of GALEN there were, it is true, in Rome, some who practised surgery nearly exclusively, but it was from taste, not because the separation between surgery and medicine was generally recognised by the profession. They devoted themselves to surgery in the same way as many others devoted themselves to other specialities, such as diseases of the eye, of the ear, fractures, luxations, &c. In the middle ages, however, the study and practice of medicine, as well as of all other sciences, fell into the hands of the clergy; and as their religious tenets forbade the shedding of blood, they confined themselves to the duties of the physician, leaving all operations to be performed by subordinates, barber-surgeons, who operated under their guidance. Thence it is that surgery fell into a degree of disrepute and contempt from which it has not even yet recovered; and that although the state of things in which such disrepute originated has long since ceased to exist. Indeed, it would be difficult to find a more flagrant instance of the tenacity with which bodies of men cling to antiquated prejudices, even when every shadow of reason for such conduct has departed, than in the position which surgery still occupies. For centuries the public has ceased, in England, at least, to attach any idea of degradation to the performance of surgical operations, and yet we still find our surgeons voluntarily placed on a lower social footing than physicians, expelled from our universities, and considered unworthy of the title (that of doctor) which has, since the revival of learning, been granted to those who attain proficiency in any scientific pursuits. We say voluntarily, because there has been nothing in the conduct of our surgeons, as a body, to indicate that they consider themselves aggrieved by the position which they still occupy in society.

In Germany there are doctors in surgery, and the degree of doctor is generally taken by those who, having received a good education, intend to practise as surgeons. The doctors in surgery are, however, principally confined to the large towns, and in smaller localities the practice of surgery is thrown into the hands of the doctors in medicine and surgery (general practitioners) and of the subordinate surgeons; the latter, generally speaking, also practise medicine, although they do so illegally. The subordinate practitioners are, mostly, men of little or no education, who originate from the lower ranks of the middle classes. Their wants being, consequently, few, they are satisfied with a very trifling remuneration, and thus undermine the regularly-educated doctors. The result of this competition between the different grades of medical practitioners is that the scale of remuneration has been reduced to so low a point as to be totally inadequate to compensate a well-educated man for his time and labour. Owing to this circumstance, and to the degradation which has been thus entailed upon the

medical profession, great efforts have been made for many years, by the graduated practitioners, to induce Government to abolish all subordinate classes. The subject has, of late, attracted much attention, and is now under discussion. It is generally believed that the Prussian Government will shortly consent to suppress the inferior grades of practitioners, confining the exercise of the profession to those who have passed through the university curriculum and taken the degree of doctor.

The title of doctor, in every part of Germany, with the exception of Bavaria, is merely honorary. It does not confer a right to practise, and is no guarantee whatever of medical knowledge being granted after a merely nominal examination. The license to practise, however, is only obtained, as we have stated, by submitting to a severe examination before a special board (*staats-examen*). This is a most unfortunate regulation, as it tends to lessen the dignity of the medical profession, by crowding it with men who have no pretensions to medical knowledge. It also explains the facility with which the diploma of M. D. is granted to foreigners by many German universities, and proves how worthless such diplomas really are in a scientific point of view.

The *staats-examen* is a necessary safeguard in a country where the medical degree has no medical value. It appears to be carried on in such a manner as to be a tolerable test of a candidate's knowledge. The entire series of studies and ordeals, however, through which a student has to pass before he obtains the right to practise, is more calculated to make him a learned than a practical medical man. The clinical studies of the student are, indeed, everywhere exceedingly defective.

A very remarkable feature in the medical organisation of Germany is the existence of the public medical functionaries, who are entrusted with a species of jurisdiction over the medical profession in general, and constitute, as it were, a medical police. They have existed in Germany from a very remote period, and the institution everywhere remains unaltered, whatever other reforms are effected. This circumstance seems to prove that it is found by the different governments to be of real value. Indeed, it is evident that a body of medical functionaries, whose attention is particularly directed to questions relating to public hygiene and to legal medicine, must prove of great service to the German governments, which always show a deep interest in the physical welfare of the population intrusted to their care. By their union they form, as it were, boards of health, the advice and co-operation of which can always be easily obtained by the local authorities. They also exercise a wholesome restraint on the medical pratitioners over whom they preside. In this respect we ourselves are deplorably deficient, and it would be well were our Government to establish some substitute for the German medical hierarchy and the French Boards of Health. We cannot, however, but strongly disapprove of the conduct of some of the German states in turning the medical functionaries into spies on their professional brethren, and thus making a medical institution subservient to political purposes.

In Bavaria very great changes have been recently enacted. The examinations for the medical degree have been constituted the real test of a student's medical knowledge, a great improvement on the system followed elsewhere. Consequently the *staats-examen* has been dispensed with. The inferior practitioners have been all but abolished, and the number of practitioners in each locality has been limited. We are inclined to think that by this last enactment the Bavarian reformers have gone rather too far. We very much doubt whether it be really judicious to limit, by authority, the number of practitioners in a given district. This latter regulation has given great dissatisfaction in Bavaria, and principally because it has been made an instrument of tyranny in the hands of the rulers, the vacant appointments being only given to those whose political and religious principles are approved of.

On the whole the medical organisation of Germany is at present, in many respects, very defective, such, indeed, as to conduce but little to the improvement of medicine as a science, and to insure but little dignity or profit to those who practise it. Defective as the state of the medical profession is in Great Britain, there is certainly but little we can envy our German brethren.—*London Lancet.*

Case of Death by Poisoning with the Leaves of Aconite or Monkshood, passed off in jest for Parsley. By Al. Ramsay, Surgeon.

At about 11 A. M., a boy named Hanton, aged 14, on passing a garden in the parish of Murroes, looked over the wall, and asked a young man in the garden, "if he would give him some parsley;" to which it was answered, that he would get some new parsley, as being much better than the old kind. The young man accordingly gave Hanton a handful of green leaves, of which he ate some. In about two hours after, he complained of a burning sensation in the mouth, throat, and stomach, and was very sick. For this his mother made him take a glass of whiskey. Some time after this he took a fit and fell on the ground—at 6 o'clock P. M., on his mother returning from her work, she found him lying across the bed, with his hands in his pockets, dead and stiffening. At the post mortem the blood-vessels within the head were found enormously distended with dark-coloured fluid blood; upwards of a pound of which escaped from the skull and spinal canal. The stomach was empty, with a deep, inflammatory blush over its whole internal surface, and here and there patches of a darker colour—further dissection was not allowed.

Death appears in this case to have been caused by the apopletic state of the brain, probably ending in asphyxia.—*North. Jour. of Med.*

ON A CASE OF CANCEROUS CACHEXIA.

Catharine Guillot, ætat 49, was received in the wards of Professor Gerdy, at the Charité, and died there in the last stage of cancerous cachexia, having presented during her life-time a series of very remarkable accidents. Thus, in 1832, after an accouchment, abscess occurred in the right breast; in 1835, without any known cause, phlegmon developed itself in the same, and yielded only after two months' treatment; in 1841, amputation of this organ, on account of a cancer produced by pressure; in 1842, extirpation of a small cancer, which had developed itself in the neighborhood of the cicatrix, and of several axillary glands; a relapse, three months after; in 1843, intense lancinating pains in the right arm, which became swoln and fusiform, the bone being flexible, and, on pressure, crepitating, as if the seat of an osseous cyst; pain and numbness in all the extremities; soon after, development of a lancinating tumour, on the right side of the sternum, on a level with the third rib; characteristic tint;

constipation. On the *post-mortem* examination, the body of the humerous was found to be re-placed by a medullary carcinoma, which had destroyed the bone from without inwards: the tumour on the sternum was of the same nature; it penetrated through that bone, into the interior of the chest, and adhered to the lungs. (The parts affected were, after removal, presented before the Academy of Medicine, sitting of the 9th July, by Professor Gerdy.)—*Lon. Medical Times.*

NEW MODE OF REDUCING EXOMPHALUS.

Dr. Pasquier was called to see a patient affected with strangulated hernia umbilicalis, against which every attempt at reduction had failed; and the symptoms increased, in intensity, to such an exteut, that notwithstanding the danger, the operation seemed indispensable. In this dilemma, Dr. P. succeeded by the following novel expedient:—he seized the parietes of the abdomen, above and below the umbilicus, raised the patient, and gave him several jerks. The hernia disappeared, and with it the dangerous symptoms. This method ought never to be had recourse to, but in recent cases, because, if the strangulation had existed some time, the pressure of the stricture on the intestine might have so weakened it as to cause it to burst.—*Ibid.*

FRON-MUELLER'S CASE OF SINGULAR FORMATION OF CATARACT.

A merchant, aged 65, who had previously enjoyed good health, while sitting one day opposite a window was struck in the face by a sun-beam, and suddenly experienced severe pain in the right eye. The pain soon diminished; but vision, which was previously perfect, was quite lost on that side. He was seen three days after by Fron-Mueller, who discovered a lenticular cataract of the right eye. On examining the window through which the light passed, Fron-Mueller discovered, in one of the panes of glass, two convex bulbs, similar in size and form to lenses, a circumstance which probably explains the occurrence.—*Lond. and Ed. Monthly Jour., from Gaz. Medica di Milano.*

DR. VERLEGH'S CASE OF AMAUROSIS CURED BY INOCULATION WITH THE SULPHATE OF STRYCHNIA.

The subject was a lady, 27 years of age, of nervous temperament, affected with incomplete amaurosis of the left eye, and commencement of the same disease in the right one. The disease was of three months standing, and of rheumatic origin; after two months' fruitless efforts, Dr. Verlegh tried inoculation with the sulphate of strychnia in the neighbourhood of the orbit. A grain of the salt was dissolved in two drops of water; the first day 12 inoculations were performed, six above the eye in the course of the supra-orbital nerve, six under, and on the side of the nose where the ethmoidal filaments and nasal branch terminate, and whence arise the filaments which go to the iris. There was no effect that day; but next day some slight tremors occurred in the neighbourhood of the inoculated spots. After two days' rest the inoculations were repeated, and the number of punctures increased to 18. The patient now became sensible of a slight haziness. After five successive inoculations carried to the length of 30 punctures, she commenced to distinguish objects; after the eighth, vision was completely restored; the contraction of the pupil gradually increased, and the other symptoms diminished after five grains of the sulphate had been used; during the same time inoculations were had recourse to in the neighbourhood of the right eye; after the lapse of two months the patient continued perfectly restored; and this the author conceived sufficiently long to warrant him in considering the cure as permanent—*Ibid. from ibid.*

FRON-MUELLER'S CASE OF SPONTANEOUS HÆMORRHAGE FROM THE BULB OF THE EYE.

F. M. was sent for to visit an operative who had been for some time labouring under the commencement of a staphyloma of the right eye, in consequence of a chronic ophthalmia of an arthritic nature. He found the patient seated with a basin before him, into which were falling drops of blood from the right eye. This hæmorrhage had supervened after violent pain of the eye, and had continued an hour. On examining the eye, there was discovered a red tumour, of the size of a pea, with a short peduncle, which protruded from the centre of the cornea, whence the blood proceeded. The tumour was excised near its base, by means of a pair of scissors. The hæmorrhage ceased after the operation. The tumour consisted of a membranous sac, apparently formed chiefly by the iris; it contained minute clots of blood. After the excision of the tumour, the bulb diminished in size; there remained four rugous marks corresponding to the recti muscles. The cornea lost its transparency.—*Ibid. from ibid.*

DR. GIEHRL'S CASE OF SPONTANEOUS CURE OF CATARACT.

A stone-breaker, who had suffered from cataract of the right eye from his youth, had the misfortune, whilst pursuing his occupation, to have his left eye struck by a splinter, which produced a violent concussion of the eye, and gave rise to inflammation and loss of vision. The man applied to Dr. G., who, on examining the eye, found, along with considerable inflammation, a completely formed cataract. He combated the former symptom by antiphlogistic remedies, and advised the patient, as soon as all irritation in the left eye should have disappeared, to have the cataract removed from the right one, in which the power of vision had been lost at an early period. On this the patient applied elsewhere for advice, and consulted Dr. S. in A.

In order to examine the eye more minutely, the latter dropped into it a solution of the extract of belladonna; in consequence of this the pupil dilated largely; at the same time, the opaque lens fell into the anterior chamber; and vision was immediately restored. The lens became absorbed by degrees, and the patient was cured.—*Ibid. from Allgemeine Zeitung für Chirurgia.*

TINCTURE OF IODINE.

In the Montreal Medical Gazette, (April 1, 1844,) Dr. Crawford draws the attention of the profession to the beneficial influence of Tincture of Iodine (Magendie's form) applied to variola, erysipelas, acute rheumatism, and neuralgia. During the last four years, erysipelas has been very prevalent in Montreal, and Dr. C. has applied the iodine with great apparent advantage. He does not exclude the the use of constitutional remedies; but he has seen the most decided advantages result from the local application, where no internal means were employed. In variola he tried the comparative merits of the iodine and the nitrate of silver, but gives the preference to the former. This application is very manageable and very bearable.—*Med. Chirur. Review.*

Case of Aneurism of the External Iliac, in which a Ligature was applied to the Common Iliac Artery. By RICHARD HEY, Esq., F.R.C.S., Surgeon to the York County Hospital.

The patient, a gentleman aged 40, perceived, on the 10th of November, a small tumour in his left groin, above the centre of Poupart's ligament. Three days afterwards he had severe pain in the part, and on the following day the swelling increased in size, accompanied with pulsation. The tumour gradually enlarged, assumed at one part a conical shape, and the skin was tense and red. By moderate continued pressure the swelling could be reduced in size, but it resumed its former magnitude when the pressure was taken off. It was resolved, in consultation, to apply a ligature to the common iliac artery, which operation was performed by the author on December 3d. At this time the tumour measured six inches across, in a transverse direction, and projected three inches from the plane of the abdomen. At one point it was about an inch and a half from the navel. The incision was begun two inches and three quarters above the navel, and three inches from the median line, and was carried six inches downwards, in a semicircular direction, with a prolongation of an inch and a half, in a straight line, outwardly. The layers of muscles and fascia transversalis having been divided to the whole extent of the incision, the peritoneum was gently separated from the parts beneath, and the common iliac artery was easily reached. A little time was occupied in scratching through the sheath with the point of the aneurism needle, after which it was passed under the artery, from within outwards, armed with a double ligature of staymaker's silk, and the operation completed. The pulsation in the tumour ceased immediately after the artery was tied. The patient proceeded, on the whole, favourably after the operation, except that he was in great danger at one time, from an accumulation of hardened fæces in the rectum. The tumour gradually subsided in size, and both legs were nearly of the same temperature, the affected limb being surrounded with flannel. A week after the operation, pulsation was felt in the anterior tibial artery. On the twenty-eighth day the ligature was found loose in the wound and removed. About the twentieth of January the patient was free from complaint, and was able to walk about.

Sir G. Lefevre inquired into the statistics of the operation in question, and referred to one which had been performed successfully by Dr. Salaman, a Russian surgeon, and which he, (the speaker,) had some years since transmitted to the Society. It had afterwards been published in the Medical Gazette. In this case, the most troublesome symptom after the operation was the occurrence of sphacelus of the integuments of the knee and ankle on the affected side.

The President referred to the case of Mr. Guthrie, in which the common iliac was tied, for a tumour which was supposed to be aneurismal, but was found afterwards to be funguoid. Sir Philip Crampton had performed the operation; the case terminated fatally, by the occurrence of secondary hæmorrhage. Dr. Mott's case was successful.

Mr. Hey referred to an article in the first volume of the Medical Gazette for 1842–3, in which all the operations, whether successful or otherwise, were mentioned. Among them was the case of Dr. Salaman. Sir Philip Crampton had attributed the failure of his operation to his having employed a cat-gut ligature, which he supposed had become absorbed; and had given rise to fatal hæmorrhage. Mr. Liston had tied the common iliac for secondary hæmorrhage, but without success. Of the cases mentioned in the article referred to, only three or four were successful.—*Trans. Royal Medical and Chirur. Society of Lon., from Lon. & Ed. Mon. Jour. of Med. Science.*

MEANS OF AVOIDING THE ELECTRIC CURRENT DURING A THUNDER-STORM.

The place of greatest security is a railway carriage at a distance from the engine. The rails dissipate the negative charge. An individual is also perfectly protected in an iron vessel at sea. In a house the most secure position is the most central point, if in an apartment without a flue the better. A cellar affords good security against the upward or negative current, whilst a bed affords the best security against the effects of the downward or positive current. To avoid danger, if an individual is on high ground, he should descend; if in a field, he should retire to a hedge; within twenty yards of a tree is a safe position, and, if possible, lying down. It is better not to remain on horseback during a thunder-storm, and those who are in carriages should keep the windows closed. At sea it is necessary to avoid the masts and forecastle of the vessel and to retire to a hammock. If in a boat, rear a wet oar near its head, retire to the stern and lie down. A position near a lake or stream of water is highly dangerous—*Turley on Thunder-storms: Medico. Chir. Review.*

PLEURO-PNEUMONIA.

F. C., ætat. 28, admitted into Guy's Hospital, Oct. 11th, 1843, under the care of Dr. Barlow. A muscular and hitherto healthy man, who has been employed as a porter in a tobacco warehouse, and also at the London Docks. Four days ago, when much heated, he was exposed to the rain for some time. He felt no inconvenience on that day, and went to bed at night in his usual health, but on the following morning he was too ill to leave his bed, complaining of rigors, headach, sickness, and some vomiting.

Present Symptoms.—There is a hard, frequent, and short cough, attended with much pain over the sternum, and passing through to between the scapulæ; this pain is much aggravated by a deep inspiration. There is copious expectoration, of a rusty color, but which is more frothy than viscid. There is also pain, on pressure, over the region of the liver, and the conjunctivæ are tinged of a yellow colour. He complains of occasional acute pains in the right shoulder. The right side of the chest is dull on percussion, inferiorly, and there is a dry crepitation over the middle lobe of the lung on that side, in which situation there is also œgophony. The skin is pungently hot and dry, excepting some moisture at the palms of the hands. There is also a yellow tinge over the surface. Tongue white and furred; pulse quick and full, but easily compressible; urine high coloured. Ordered cupping on the right side of the chest to ten ounces.

℞ Protochloride of mercury, two grains; opium, a quarter of a grain. Mix for a pill every four hours.

12. Cough continues. The sputa are of a more yellow colour, and the patient remarks that they are bitter to the taste. Bowels open once since admission; fæces dark coloured; tongue rather cleaner; pain on pressure over the liver continues.

℞ Antimonial wine, twenty minims; sulphate of magnesia, a drachm; tincture of orange-peel, a

drachm; distilled water, an ounce and a half. Mix for a draught every six hours. Repeat the pills.

13. Cough, &c. much the same; bowels much relaxed. The dose of antimonial wine was increased to half a drachm.

℞ Protochloride of mercury, one grain: opium half a grain. Mix for a dose every four hours.

14. Did not sleep at all last night from continued lancinating pain in the right side. This moring he is somewhat easier. There is now a distinct, dry rubbing of the pleura to be heard over the middle lobe of the lung, the crepitation over that part having ceased. Posteriorly there is a loss of respiratory murmur and well-marked bronchophony. Percussion elicits general dulness on the right side, but this is most evident posteriorly. He is unable to take a full inspiration. Sputa slightly tenacious. Cupping on the right side of the chest to eight ounces. The mixture repeated. A pill to be taken every six instead of every four hours.

15. Passed a better night, the acute pain of the right side having left him; he still, however, complains of general soreness of that side. The rubbing sound is still distinctly audible over the same region as before. Bronchopony posteriorly is somewhat œgophonic. Two loose evacuations since yesterday morning.

17. Cough much diminished; complains but little of his chest, except of slight dyspnœa; sputa frothy, but tenacious, and more free from colour. Ordered compound ipecacuanha-powder, ten grains, every night. The mixture repeated. The calomel and opium pill discontinued.

31. He has been improving, and coughs but little; no expectoration; tongue clean; skin moist; pulse fuller, but of moderate frequency. There is still dulness posteriorly on the right side of the chest; inferiorly bronchophony.

Nov. 2. Ordered conium mixture.

6. Presented cured.

Remarks by Dr. Barlow.

Although in this case we have little more than an instance of pleuro-pnuemonia, with some degree of bronchitis—a form of disease of very frequent occurrence in this climate, and one which, when detected sufficiently early, and subjected to prompt and decided, but not violent treatment, we can generally hope to combat successfully—still there are certain points in its history which are capable of affording illustration of the diagnosis and treatment of pneumonia, the former of which is the more important, since, if the disease be overlooked in its commencement, a fatal result or permanent injury to the health and comfort of the patient may ensue.

At the time of his admission, the more obvious symptoms presented by this man were not manifestly those which are most generally regarded as indicative of pneumonia. There was an oppressed and almost apathetic expression in his countenance, which, at first sight, seemed to belong more to continued fever than to thoracic inflammation; the pulse again, though quick and full, was compressible, and the cough and expectoration were rather those of bronchitis, a very frequent complication of contiued fever, than of pneumonia. There was, however, one symptom which, although it is not exclusively pathognomonic of pneumonia, is, nevertheless, so constantly associated with it, especially in its earlier stages, that its presence ought always to excite suspicion of the lungs being inflamed, and to suggest the expediency of making a most careful examination of the chest. I need hardly say that I allude to the dry pungent heat of the skin, which was noticed on the patient's first admission. The value of this symptom in relation to pneumonia, has been so often pointed out in this hospital by Dr. Addison, that it is here needless to insist upon it. It may, however, be well to observe, that its great value consists in its presenting itself so readily to the sense of touch upon the first examination of a patient, and that although it will, no doubt, sometimes mislead if relied upon singly (as will every symptom which has been laid down as exclusively pathognomonic in any disease whatever), still, when viewed in its proper light as one which ought to direct especial attention to the condition of the lungs, it is, I believe, among the most valuable additions which have been made in late years to our means of diagnosis. The result was that auscultation confirmed the opinion which had been suggested by the condition of the skin. For it was found that the resonance of the chest was somewhat diminished in the situation of the middle lobe of the right lung, where a dry crepitation was heard, indicative of the first stage of pneumonia. The dulness on percussion, indeed, extended downwards over the lower lobe, where the sound of the voice was œgophonic, indicating that the pleura covering the inflamed lung participated, as is frequently the case in the inflammation, and that some effusion had ensued. It is at all times most satisfactory, when the diagnosis formed by a topical examination of the organ suspected, and that derived from the constitutional symptoms, are thus mutually confirmatory of each other.

There was another symptom present in this instance, which deserves consideration in connection with pneumonia, I mean the icteric tint of the surface. This appearance has been sometimes supposed to depend upon the increased determination of the blood to superficial vessels, which commonly takes place in pneumonia; but I think that if this explanation were correct, we ought to find it in all cases of pneumonia, in which there is, as almost constantly happens, great heat of surface; whereas this icteric tint, though frequently present under such circumstances, is frequently absent. The evidence of the presence of bile in the circulation, afforded both by the urine and the sputa, tends to show that the colour of the skin was really that of true jaundice; and that such a disease should often co-exist with pneumonia (especially of the right lung,) is what we have been inclined to anticipate, from the near relation as regards position, circulation, and function, which exists between the liver and the lungs.

The principles upon which the patient was treated, are, perhaps, sufficiently apparent from the history. Local was preferred to general blood-letting, both because the powers of the patient seemed hardly to justify the latter, and because I believe, that unless it be imperatively called for by the condition of the patient, blood-letting is, as has been observed by Dr. Stokes, less effective than cupping in subduing the local affection of the lungs.

The use of calomel, antimony, and opium, is a practice which has been sanctioned by long experience in the hospital, as well in pneumonia complicated with pleuratic inflammation, as in the more simple form of the disease; and although the treatment of antimony alone has been highly extolled by several French practitioners, I am, nevertheless, much disposed to concur in the opinion expressed by Dr. Stokes, that although it is a very effective medicine in inflammation of the mucous membrane of the air passages, it is not so serviceable as calomel in inflammation of the lungs themselves.—*Lon. Lancet.*